Name In Full ~~Hattie May Parker~~ Thomas A Amos — Certificate of Death

Died at Town Boothstown County Hanford MARYLAND

Date 189 Month July Day 21 | Age Y. 79 M. D. | Native of Md | Occupation Farmer

Male / ~~Female~~ | White / ~~Colored~~ | Married / ~~Single~~ | ~~Widow~~ / ~~Widower~~ | ~~Divorced~~ | Number of children living 5

~~Husband~~ of Angeline V Amos

Father's Name Lemuel A Amos | Mother's Name Rachel P Amos

Cause of Death: Primary Chronic Cystitis 10 d — How long sick 2 years

Immediate — Accident, Suicide, Homicide

Reported by Martin L Jarrett

Address Jarrettsville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full Mrs. Margaret Ann Benson — Certificate of Death

Died at Town Fallston — County Harford — MARYLAND

Date 189 9 — Month 7 — Day 14 — Age Y. 83 M. D. — Native of — Occupation

~~Male~~ Female — White — ~~Colored~~ — Married — ~~Single~~ — ~~Widow~~ Widower — Divorced — Widow

~~Husband~~ Wife of — Number of children living 0

Father's Name Joshua P. Benson — Mother's Name

Cause of Death — Primary — 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Bel Air Times

Address 7—15—

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78668

Name in Full: W. H. Bond

Certificate of Death

Died at — Town: Dublin — County: Harford — MARYLAND

Date 1899 — Month: Jany — Day: 9 — Age: Y. M. D. 8 — Native of: Dublin — Occupation: —

Male — ~~White~~ — ~~Married~~ — ~~Widow~~ — ~~Divorced~~

~~Female~~ — Colored — ~~Single~~ — ~~Widower~~ — ~~Number of children living~~

Husband / Wife of: —

Father's Name: Frank Bond — Mother's Name: Eleanor Bond

Cause of Death — Primary: Measles — 5 — How long sick: 2 weeks

Immediate: Pneumonia — ~~Accident, Suicide, Homicide~~

Reported by: J S Poole

Address: Dublin Md.

OVER

OVER

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Attended by Dr._____

of_____

Information contained in this certificate received from_____

of_____

Seen by Coroner_____

of_____

OVER

Name In Full

Chas. Brodes

Certificate of Death

Died at Town: Federal Hill County: Harford MARYLAND

Date 1899 Month: 7 Day: 14 | Age Y. 34 M. D. | Native of | Occupation

Male ~~Female~~ | White Colored | Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living 2

Husband / Wife of Annie Fisher

Father's Name | Mother's Name

Cause of Death — Primary: Typhoid fever 1 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Carriers 7-22

[redacted]ss

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70[redacted]

Rev. J. M. Lindale

Name in Full

Certificate of Death

Margaret Brown

Died at Town Havre de Grace County Harford MARYLAND

Date 1899 Month 7 Day 7 Age Y. 1 M. 7 D. — Native of Havre de Grace Occupation ——

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of ——

Father's Name Jas. L. Brown Mother's Name Amelia Heinold

Cause of Death Primary Pertussis 7 How long sick About 4 weeks

Immediate Catarrhal pneumonia ~~Accident, Suicide, Homicide~~

Reported by H. S. Wensthoff, M.D.

Address Havre de Grace

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Hazel L. Coale

Died at Town: Belair County: Harford MARYLAND

Date 1894 Month: July Day: 26 Age Y. 4 M. 15 D. Native of Harford Co, Occupation

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number ~~of children living~~

Husband of

Wife

Father's Name A. Lee Coale

Mother's Name

Cause of Death: Primary Cholera Infantum

How long sick

Immediate

Accident, Suicide, Homicide

Reported by J C Butler

Address Belair Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name in Full

Mrs Kate Cooley

Certificate of Death

Died at Town: Havre de Grace County: Harford MARYLAND

Date 1899 Month: Jany. Day: 3 | Age Y. 56 M. D. | Native of Ireland | Occupation None

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | Widow ~~Widower~~ | Divorced

Number of children living 0

Husband / Wife of Martin Cooley

Father's Name John Cross

Mother's Name Lizzie Cross

Cause of Death: Primary 44

How long sick 3 yrs

Immediate Paralysis

Accident, Suicide, Homicide

Reported by Dr. R H Smith

Address Ha-de Grace

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name in Full

Certificate of Death

Joshua Glenn

Died at Town: Federal Hill County: Harford MARYLAND

Date 1899 Month: July Day: 29 | Age Y. 80 M. D. | Native of: Md | Occupation: Farmer

Male / ~~Female~~ | White / ~~Colored~~ | Married / ~~Single~~ | Widow / ~~Widower~~ | Divorced

Number of children living 4

~~Husband~~ / ~~Wife~~ of Laura Glenn

Father's Name: Robert Glenn

Mother's Name: Orpha Glenn

Cause of Death: Primary: Strangulated Hernia — How long sick: 48 hours

Immediate: [illegible] — Accident, Suicide, Homicide

Reported by Martin L Jarrett

Address Jarrettsville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full Julia Gray

Certificate of Death

Died at Town Mullonsbury County Harford MARYLAND

Date 1892 Month July Day 9 | Age Y. 18 M. — D. — | Native of Md. | Occupation —

~~Male~~ Female ~~White~~ Colored ~~Married~~ Single Widow Widower Divorced Number of children living

Husband of Wife

Father's Name Benj Gray

Mother's Name Kate Gray

Cause of Death: Primary 33 N

Immediate Tuberculosis

How long sick 18 Months

Accident, Suicide, Homicide

Reported by J S Rose Bailey & Baldwin

Address Dublin Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Allan Hookes

Certificate of Death

Died at Town Pennyman County Harford MARYLAND

Date 1899 Month 7 Day 31 Age Y. M. D. Native of Occupation —

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name J D Hookes

Mother's Name

Cause of Death Primary Gastric Fever

Immediate, —

How long sick 4 wks

Accident, Suicide, Homicide

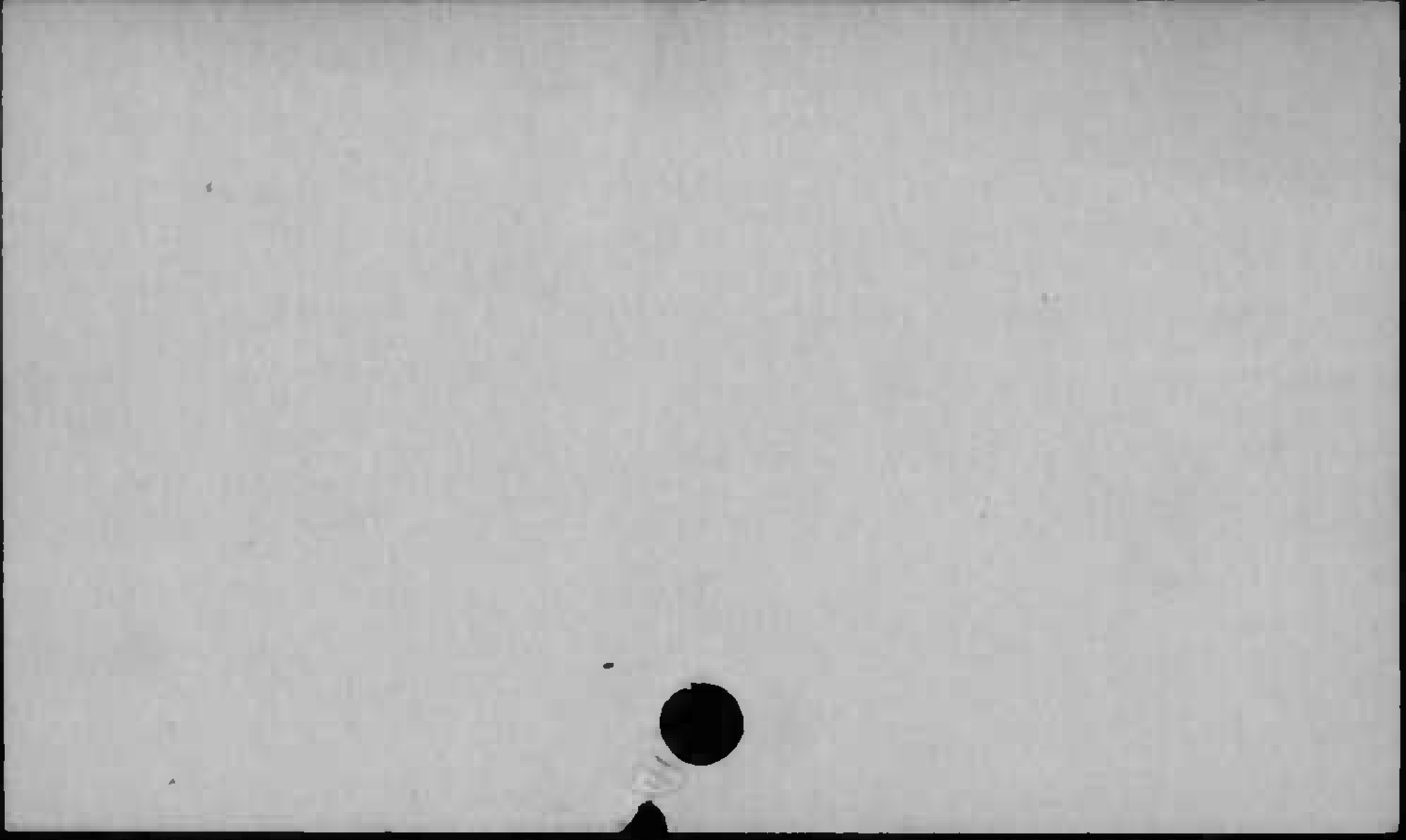
10 ✓

Reported by J. H. Stein

Address Pennyman

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full

Certificate of Death

John W. Hawkins

Died at Town Dublin County Harford MARYLAND

Date 1899 Month July Day 15 | Age Y. 62 M. D. | Native of | Occupation Carpenter

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | Widow Widower | Divorced Number of children living

Husband of Wife

Father's Name

Mother's Name 102

Cause of Death: Primary Chronic Cystitis | How long sick Three Years

Immediate | Accident, Suicide, Homicide

Reported by W. E. Arthur, M.D.

Address Mill Green Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full

Certificate of Death

Mamie Herbert

Died at Magnolia (Town) County Harford MARYLAND

Date 189 9 Month 7 Day 28 | Age Y. 8 M. D. | Native of | Occupation

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | Widow Widower | ~~Divorced~~ ~~Number of children living~~

Husband of
Wife

Father's Name John Herbert

Mother's Name

Cause of Death: Primary Diphtheria C N

Immediate

How long sick

Accident, Suicide, Homicide

Reported by Bel Air Times 8-12

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full Mariah Jarrett

Certificate of Death

Died at Town Emmorton County Harford MARYLAND

Date 1899 Month July Day 12 | Age Y. 91 M. D. | Native of Maryland | Occupation Home Wife

~~Male~~ ~~White~~ ~~Married~~ Widow ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living 4

~~Husband~~ Wife of Joshua Jarrett

Father's Name Joseph Brown

Mother's Name

Cause of Death ~~Primary~~ 44

Immediate Paralysis

How long sick 3 weeks

Accident, Suicide, Homicide

Reported by Chas. E. Homberger OVER

Address Benson Md

OVER

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate received from Her Son Attorney

of Commerce

Name In Full — Certificate of Death

Marcus R. Morgan,

Died at Town: Aberdeen, County: Harford — MARYLAND

Date 189 Month: July Day: 27 | Age Y. 7 M. 20 D. | Native of Harford | Occupation —

Male / ~~Female~~ | White / ~~Colored~~ | ~~Married~~ Single | Widow ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband / Wife of —

Father's Name Thos. E. Morgan | Mother's Name Annie Smith Morgan

Cause of Death — Primary: Gastro-enteritis | How long sick: 5 days

Immediate: Exhaustion 82 | ~~Accident, Suicide, Homicide~~

Reported by Thos. D. Smith M.D.

Address Aberdeen Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808

Name in Full Miriam Philippa Morgan — Certificate of Death

Died at Town: Aberdeen — County: Harford — MARYLAND

Date 189 Month: July — Day: 28 — Age Y.: — M.: 7 — D.: 21 — Native of: Harford Co — Occupation: ———

~~Male~~ / Female — White / ~~Colored~~ — ~~Married~~ / Single — ~~Widow~~ / Widower — ~~Divorced~~ / ~~Number of children living~~

Husband / Wife of ———

Father's Name: Thos. E. Morgan — Mother's Name: Annie Smith Morgan

Cause of Death — Primary: Gastro-Enteritis — How long sick: 4 days.

Immediate: Exhaustion 82 — Accident, Suicide, Homicide

Reported by Chas. H. Krebs M.D.

Address Aberdeen Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70915

Name in Full: Lillian C Small

Certificate of Death

Died at: Town: Bel Air County: Harford MARYLAND

Date 1899 Month: July Day: 19 Age: Y. M. D. 10 mos Native of: Baltimore Occupation: —

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name: J Ruff Small Mother's Name

Cause of Death: Primary: Colera Infant — How long sick: 10 days

Immediate

Accident, Suicide, Homicide

Reported by: E Hall Richardson

Address: Bellair Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65088

Oct. 30 = 1898

July 19 = 1899

8 - 19

Name In Full: Willie Stansbury

Certificate of Death

Died at: Town: Sidney Park County: Harford MARYLAND

Date 1897 Month: July Day: 25 Age Y. M. D.: 3 Native of: Harford Occupation:

~~Male~~ ~~Whitey~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ ~~Widowy~~ ~~Number of children living~~

Husband of Wife

Father's Name: William Henry Stanby Mother's Name: Shorlet Stansbury

Cause of Death: Primary: Hoopers cough 7 How long sick: 3 weeks

Immediate ~~Accident, Suicide, Homicide~~

Reported by: William Henry Stansbury

Address: Cole Po

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808

Attended by Dr. Kreite

of aberdeen

Seen by Coroner

of

Information contained in this certificate re-

ceived from Wm H Stansbury

of Cole Po

Name in Full

Certificate of Death

Carrie J. Vanneman

Died at Town: Havre de Grace County: Harford MARYLAND

Date 189 9 Month: July Day: 11. | Age Y. 69 M. — D. | Native of Md | Occupation —

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | Widow ~~Widower~~ | ~~Divorced~~ | Number of children living 6

~~Husband~~ Wife of Daniel Vanneman

Father's Name Robert Kerr | Mother's Name Mary Kerr

Cause of Death: Primary Mitral Insufficiency 57 | How long sick 6 mo.

Immediate Pulmonary Oedema | ~~Accident Suicide Homicide~~

Reported by H. L. Fair, M.D.

Address Havre de Grace

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55964

Name in Full

Certificate of Death

Marie Wardell

Died at Town Havre de Grace County Harford MARYLAND

Date 1899 Month 7 Day 11 Age Y. — M. 3 D. — Native of Perryville Occupation —

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband / Wife of —

Father's Name — Not married Mother's Name — Wardell

Cause of Death: Primary Summer complaint 82 How long sick a few days

Immediate —

Accident, Suicide, Homicide

Reported by No physician in attendance. These data were

Address given by the mother to Dr H. S. Wenstkoff.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65969

Name In Full Clarkson N. Shaw — Certificate of Death

Died at Town: High Point — County: Harford — MARYLAND

Date 189 9 — Month 7 — Day 6 — Age 83 — M. — D. — Native of — Occupation

Male ~~Female~~ — White ~~Colored~~ — Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ — Number of children living 4

~~Husband~~ Wife of Miss Isabelle Blair

Father's Name — Mother's Name

Cause of Death — Primary: 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Bel Air Times

Address [redacted] 7-10-

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79618